

## DOCUMENT COPY REQUEST FORM

If you wish to receive a copy of a registration/application form or other document(s) that you have filed with the Committee's office, please complete and return this form along with a check for the appropriate amount. **This form must be notarized.**

**TYPE OF DOCUMENT**

(Please circle)

Registration Form

California Bar Application Form

Moral Character Application Form

**FEE REQUIRED**

\$15.00

\$15.00

\$15.00

Other documents

\$5.00 for first page and .25¢ for each additional page. If you wish to have the Committee retain the copy and return the original document to you, please mark this box ☐

\_\_\_\_\_  
Name

\_\_\_\_\_  
Exam Date(s) Month & Year

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number

**BY MAIL:** I hereby request that the Committee of Bar Examiners mail a copy of my \_\_\_\_\_ to \_\_\_\_\_. I understand that the Committee will send it certified mail, return receipt requested; however, by my signature I assume the risk of loss in mail.

**NOTARY:** State of \_\_\_\_\_, County of \_\_\_\_\_, On this \_\_\_\_\_ day

\_\_\_\_\_  
Signature

of \_\_\_\_\_ in the year of \_\_\_\_\_, before me, \_\_\_\_\_,

a notary public, personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed the same.

\_\_\_\_\_  
Notary Signature

**IN PERSON:** ☐ I hereby authorize the Committee of Bar Examiners to mail a copy of my \_\_\_\_\_ to \_\_\_\_\_

☐ I hereby acknowledge receipt of my \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Staff Signature**

Identification: CDL/CID \_\_\_\_\_

SS# \_\_\_\_\_